

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Treasure State PAC

ADDRESS (number and street)

PO Box 76187

Check if different
than previously
reported. (ACC)

Washington

DC

20013

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00433680

3. IS THIS
REPORTNEW
(N)**OR**AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report(Q1)July 15
Quarterly Report(Q2)October 15
Quarterly Report(Q3)January 31
Quarterly Report(YE)July 31 Mid-Year
Report(Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2010

through

07

31

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Judith Zamore

Signature of Treasurer

Electronically Filed by Judith Zamore

Date

08

20

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 15

Write or Type Committee Name
Treasure State PAC

Report Covering the Period:

From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	18852.36
(b) Cash on Hand at Beginning of Reporting Period	10803.49	
(c) Total Receipts (from Line 19)	31500.00	85550.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	42303.49	104402.36
7. Total Disbursements (from Line 31)	29451.32	91575.19
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	12852.17	12827.17
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

Treasure State PAC

Report Covering the Period:

From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	9000.00	32900.00
(ii) Unitemized	0.00	150.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	9000.00	33050.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	22500.00	52500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	31500.00	85550.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	31500.00	85550.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	31500.00	85550.00

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	14451.32	64639.41	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	14451.32	64639.41	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	26935.78	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	29451.32	91575.19	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29451.32	91575.19	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	31500.00	85550.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	31500.00	85550.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	14451.32	64639.41
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	14451.32	64639.41

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 15

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Treasure State PAC

A.

Full Name (Last, First, Middle Initial)

Mitchell Feuer

Mailing Address 1628 S St NW #2

City

Washington

State

DC

Zip Code

20009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rich Feuer Group

Occupation

Government Relations Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	0	/	2	0	1	0

Transaction ID: C7005144

Amount of Each Receipt this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Gregar H Lind, M.D.

Mailing Address 7383 Highline Ct

City

Missoula

State

MT

Zip Code

59808-8636

FEC ID number of contributing
federal political committee.

C

Name of Employer
Missoula Anesthesiology,
PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	0	/	2	0	1	0

Transaction ID: C7005145

Amount of Each Receipt this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Denny Miller

Mailing Address 2 Alexander St

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	9	/	2	0	1	0

Transaction ID: C7034595

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Treasure State PAC

A.

Full Name (Last, First, Middle Initial)

Denny Miller

Mailing Address 2 Alexander St

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 9 / 2 0 1 0

Transaction ID: C7034597

Amount of Each Receipt this Period

-1000.00

[MEMO ITEM]

* Reattributed to wife,
Sandra Burgess Miller

B.

Full Name (Last, First, Middle Initial)

Sandra Burgess Miller

Mailing Address 2 Alexander St

City

Alexandria

State

VA

Zip Code

22314-3869

FEC ID number of contributing
federal political committee.

C

Name of Employer
Denny Miller Associates

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 9 / 2 0 1 0

Transaction ID: C7034598

Amount of Each Receipt this Period

1000.00

[MEMO ITEM]

* Reattributed from husba-
nd, Denny Miller

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

9000.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 15

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Treasure State PAC

A.

Full Name (Last, First, Middle Initial)

American Hospital Association PAC

Mailing Address 325 Seventh Street NW
Suite 700

City	State	Zip Code
Washington	DC	20004

FEC ID number of contributing
federal political committee.**C** C00106146

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	1	0

Transaction ID: C7034601

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION

Mailing Address 100 INDIANA AVE. N. W.

City	State	Zip Code
WASHINGTON	DC	20001

FEC ID number of contributing
federal political committee.**C** C00023580

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	1	0

Transaction ID: C7034606

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Independent Community Bankers Political Action Com

Mailing Address 1615 L St. NW, Ste. 900

City	State	Zip Code
Washington	DC	20036

FEC ID number of contributing
federal political committee.**C** C00032698

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	1	0

Transaction ID: C7018227

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

12500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 15

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Treasure State PAC

A.

Full Name (Last, First, Middle Initial)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL

Mailing Address 412 First Street SE Suite 300

City State Zip Code
Washington DC 20003

FEC ID number of contributing federal political committee. **C** C00022343

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
07 19 2010

Transaction ID: C7009257

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)
INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS

Mailing Address 1750 New York Ave NW

City State Zip Code
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00029447

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
07 01 2010

Transaction ID: C6998177

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

22500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Treasure State PAC

A. Full Name (Last, First, Middle Initial) Bar W Ranch Mailing Address 2875 US 93	Transaction ID: D462091 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 3 / 2 0 1 0</div> </div>
City State Zip Code Whitefish MT 59937 Purpose of Disbursement Catering for PAC event Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>6953.00</div> <div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) Lori LaFave Mailing Address 200 E Jefferson St City State Zip Code Falls Church VA 22046-3531 Purpose of Disbursement Fundraising Services (no fed candidates) Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D452228 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>2500.00</div> <div>Category/Type</div>
C. Full Name (Last, First, Middle Initial) National Car Rental Mailing Address 2850 Skyway Dr City State Zip Code Helena MT 59602-1228 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D462075 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>217.52</div> <div>Category/Type</div>

SUBTOTAL of Disbursements This Page (optional)

9670.52

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Treasure State PAC

A.

Full Name (Last, First, Middle Initial)
Rocky Mountain Transportation

Mailing Address 1410 East Edgewood

City State Zip Code
Whitefish MT 59937

Purpose of Disbursement
Transportation for PAC event

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D462078

Date of Disbursement

/ /

Amount of Each Disbursement this Period

535.00

B.

Full Name (Last, First, Middle Initial)
The Zamore Group

Mailing Address PO Box 76187

City State Zip Code
Washington DC 20013-6187

Purpose of Disbursement
Reimburse Shipping

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D452223

Date of Disbursement

/ /

Amount of Each Disbursement this Period

21.97

C.

Full Name (Last, First, Middle Initial)
The Zamore Group

Mailing Address PO Box 76187

City State Zip Code
Washington DC 20013-6187

Purpose of Disbursement
Compliance & Accounting Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D452224

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

2556.97

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Treasure State PAC

A. Full Name (Last, First, Middle Initial) United Airlines <hr/> Mailing Address PO Box 66100	Transaction ID: D462080 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	2		2	0	1	0												
City Chicago State IL Zip Code 60666-0100 Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <table border="1"> <tr> <td>46.00</td> </tr> </table>	46.00																			
46.00																					
B. Full Name (Last, First, Middle Initial) United Airlines <hr/> Mailing Address PO Box 66100 <hr/> City Chicago State IL Zip Code 60666-0100 Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D462081 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	4		2	0	1	0												
C. Full Name (Last, First, Middle Initial) United Airlines <hr/> Mailing Address PO Box 66100 <hr/> City Chicago State IL Zip Code 60666-0100 Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D462082 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	5		2	0	1	0												
SUBTOTAL of Disbursements This Page (optional) ►	<table border="1"> <tr> <td>115.00</td> </tr> </table>	115.00																			
115.00																					
TOTAL This Period (last page this line number only) ►	<table border="1"> <tr> <td></td> </tr> </table>																				

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 / 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Treasure State PAC

A. Full Name (Last, First, Middle Initial) Angela Wong Mailing Address 245 Westwind Way	Transaction ID: D452229 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 1 / 2 0 1 0</div> </div>
City Helena State MT Zip Code 59602-7777 Purpose of Disbursement Fundraising Services (no fed candidates) Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>250.00</div> <div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) Lori LaFave Mailing Address 200 E Jefferson St City Falls Church State VA Zip Code 22046-3531 Purpose of Disbursement Reimburse Travel & PAC expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D462086 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 9 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>1346.17</div> <div>Category/Type</div>
C. Full Name (Last, First, Middle Initial) Budget Rent A Car Mailing Address Glacier International Airport City Kalispell State MT Zip Code 59901 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D462087 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 9 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>317.17</div> <div>Category/Type</div> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)

1596.17

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Treasure State PAC

A.

Full Name (Last, First, Middle Initial)

Whitefish Backdoor General Store

Mailing Address 131 Central Ave

City
Whitefish

State
MT

Zip Code
59937

Purpose of Disbursement
Gifts/Supplies for PAC event

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D462088

Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

13938.66

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Treasure State PAC

A.

Full Name (Last, First, Middle Initial)
Democratic Senatorial Campaign Comm

Mailing Address 120 Maryland Ave NE

City Washington State DC Zip Code 20002-5610

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D462083

Date of Disbursement

/ /

Amount of Each Disbursement this Period

15000.00

SUBTOTAL of Disbursements This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

15000.00